# JAN 2 5 2007

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

# FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

|--|

DATE RECEIVED

	OMB APPROVAL	
OM	0000 0070	
Ε×	<u> </u>	ı
Es	A REATHL BOULL HOOM STAIN DIDIN AND AND STAIN HOUSE HOUSE	
hc	The state of the s	
—		
	f (Soill Shik is Sit shill sinin wats and anni them new con-	
	07042610	

Name of Offering (	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (Section 4(6) ULOE  TrackPoint Systems, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  (if different from Executive Offices)	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (	
A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TrackPoint Systems, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203 615-279-3429  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  (if different from Executive Offices)	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TrackPoint Systems, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203 615-279-3429  Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)  (if different from Executive Offices)	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  TrackPoint Systems, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code)  315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203  Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephone Number (Including Area Code)	
TrackPoint Systems, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code) 315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Telephone Number (Including Area Code)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  Telephone Number (Including Area Code) Telephone Number (Including Area Code)	
315 Tenth AVenue No., Suite 106, Nashville, Tennessee 37203  Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)  615-279-3429  Telephone Number (Including Area Code)	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  Telephone Number (Including Area Code) (if different from Executive Offices)	
(if different from Executive Offices)	
Same	
Same	
Brief Description of Business	
Providing location-based asset tracking products and monitoring services	
Type of Business Organization	SED
corporation   limited partnership, already formed   other (please specify):	
business trust limited partnership, to be formed Limited liability company	007
Month 1 ca	001
Actual or Estimated Date of Incorporation or Organization: OII OI7 DACtual Estimated  Hurisdiction of Incorporation or Organization: (Enter two-letter II's Postal Service abbreviation for State:  THONSO	N
Financial of incorporation of Organization, (Effect two fetter 6.5. Fostal Before above viation for State.	
CN for Canada; FN for other foreign jurisdiction)	<u>1L</u>

### GENERAL INSTRUCTIONS

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### - ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Roland D. Keistler, Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 601 Foxboro Square West, Brentwood, TN 37067 Check Box(es) that Apply: Promoter Deneficial Owner Executive Officer ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Oliver C. Carmichael III Business or Residence Address (Number and Street, City, State, Zip Code) 3212 West End Ave., 5th Floor, Nashville, TN 37203 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Lucius E. Burch III Business or Residence Address (Number and Street, City, State, Zip Code) 301 Jackson Blvd., Nashville, TN 37205 Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) William R. Cave Business or Residence Address (Number and Street, City, State, Zip Code) 7805 Haydenberry Cove, Nashville, TN 37221 Check Box(es) that Apply: ✓ Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Benjamin A. Schnitz Business or Residence Address (Number and Street, City, State, Zip Code) 816 DeWees Street, Nashville, TN 37204 Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?									
2. What is the minimum investment that will be accepted from any individual?  Yes No  3. Does the offering permit joint ownership of a single unit?  4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
3. Does the offering permit joint ownership of a single unit?									
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering.  If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.  Full Name (Last name first, if individual)  Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
Business or Residence Address (Number and Street, City, State, Zip Code)  Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
Name of Associated Broker or Dealer  States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID									
(Check "All States" or check individual States)  AL AK AZ AR CA CO CT DE DC FL GA HI ID									
AL AK AZ AR CA CO CT DE DC FL GA HI ID									
TL IN TA KS KY LA ME MD MA MT MN MS MO									
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Name of Associated Broker or Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Check "All States" or check individual States)									
AL AK AZ AR CA CO CT DE DC FL GA HI ID									
IL IN IA KS KY LA ME MD MA MI MN MS MO									
MT NE NY NH NJ NM NY NC ND OH OK OR PA									
RI SC SD TN TX UT VT VA WA WV WI WY PR									
Full Name (Last name first, if individual)									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Name of Associated Broker or Dealer									
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers									
(Check "All States" or check individual States)									
AL AK AZ AR CA CO CT DE DC FL GA HI ID									
IL IN IA KS KY LA ME MD MA MI MN MS MO									
MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT VA WA WV WI WY PR									

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$	
	Common Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	
	Other (Specify Membership Interests )	\$	\$_575,000.00
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	9	\$ 575,000.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities old by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<u>\$_0.00</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$ <sup>0.00</sup>
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		§ 10,000.00
	Accounting Fees		\$_0.00
	Engineering Fees	_	\$ 0.00
	Sales Commissions (specify finders' fees separately)	<del>_</del>	\$ 0.00
	Other Expenses (identify)		§ 0.00
	Total	_	\$ 10,000.00

	C. OFFERING PRICE, NUMBER OF INVEST	TORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering price given in and total expenses furnished in response to Part C — Question 4.a. The proceeds to the issuer."	his difference is the "adjusted gro	SS	<u>s10,000.0</u> 0
5.	Indicate below the amount of the adjusted gross proceed to the issu each of the purposes shown. If the amount for any purpose is no check the box to the left of the estimate. The total of the payments li proceeds to the issuer set forth in response to Part C — Question	t known, furnish an estimate ar sted must equal the adjusted gro	nd	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		🔲 \$	\$_0.00
	Purchase of real estate		🔲 \$	<u>0.00</u>
	Purchase, rental or leasing and installation of machinery and equipment		\$	s_0.00
	Construction or leasing of plant buildings and facilities			
	Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	of another	□\$	□\$_0./00
	Repayment of indebtedness			
	Working capital	the state of the s	_	<del>_</del>
	Other (specify):		\$	\$
			\$	
	Column Totals		\$ <u>0.00</u>	\$_5 <u>65,000.</u> 00
	Total Payments Listed (column totals added)		□\$50	65,000.00
	D. FEDERA	AL SIGNATURE		
sig	te issuer has duly caused this notice to be signed by the undersigned du quature constitutes an undertaking by the issuer to furnish to the U.S. the information furnished by the issuer to any non-accredited investor	Securities and Exchange Comn	nission, upon writte	
SS	suer (Print or Type) Signature	0 1/5 4	Date	
Гı	rackPoint Systems, LLC	W. Suthe 1	1/24/0	7
	- 101-41	r (Print or Type)	<u></u> .	<del></del>
Ro	oland D. Keistler, Jr. Preside	nt		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNA	TURE			
١.	. Is any party described in 17 CFR 230.262 presen provisions of such rule?	• •	•		Yes	No <b>∤</b>
	See App	endix, Column 5, fo	or state response.			
2.	The undersigned issuer hereby undertakes to furnis D (17 CFR 239.500) at such times as required by		istrator of any state in v	which this notice is	filed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furn issuer to offerees.	ish to the state adm	inistrators, upon writt	en request, inform	ation furr	ished by the
4.	The undersigned issuer represents that the issuer limited Offering Exemption (ULOE) of the state is of this exemption has the burden of establishing the content of the state	n which this notice	s filed and understand			
	suer has read this notification and knows the contents t uthorized person.	o be true and has du	y caused this notice to l	oc signed on its beh	alf by the	undersigned
,	(Print or Type)  RPoint Systems, LLC	gnature	A. 41/1	Date 1/24/07	7	
		tle (Print or Type)	mesty	1/24/0	<u>'</u>	
Roland	nd D Keistler Ir	President	•			

### Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX** 2 3 4 1 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach offering price Type of investor and explanation of to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors Investors** Amount Yes No State Amount ALΑK AZAR CA CO CT DE DC FLGA Н ID IL IN IΑ KS KY LA ME \$25,000.00 0 MD 1 X X Class A MA ΜI MNMS

				APP	ENDIX				
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State C-Item 2)		under Sta (if yes, explana	ition of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо	<u> </u>	<u> </u>							1
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC		i							
ND									Īi
ОН		P4						<u>-</u>	
ок	_ ****							[ <u></u>	
OR								· ·	!
PA		×	Class A Membership	1	\$50,000.00	0	\$0.00		×
RI						<u> </u>	<u>.</u>		
SC									
SD									
TN		×	Class A	7	\$475,000.00	0	\$0.00		×
TX									
UT									
VT									
VA		×	Class A		\$25,000.00		\$0.00		×
WA									
wv									
wı									

				APPI	ENDIX				_
1		2	3	4 5 Disqualif			4		
	to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		(if yes, explan waiver	ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									